U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3866

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name TIMOTHY MCCARTHY	Name IRON WORKERS LOCAL NO 17
	Labor Organization File Number 030-592
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1544 EAST 23RD STREET	Street 1544 EAST 23RD STREET
City CLEVELAND	City CLEVELAND
State Ohio ZIP Code + 4 44114	State Ohio ZIP Code + 4 44114
5. Position in labor organization. FIN SEC TREAS/BUSINESS MAI	NAGER
Enter appropriate data below lf, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State Ohio ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed My M	On 7/8/05 216/771-5558 Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing TIMOTHY MCCARTHY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name SCHWARZWALD & MCNAIR LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any 616 PENTION MEDIA BLDG Street 1300 EAST NINTH STREET	9. Business deals with: a. Labor Organization b. Trust c. Employer	
City CLEVELAND State Ohio ZIP Code + 4 44114		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. BUSINESS PROVIDES LEGAL SERVICES TO IRONWORKERS LOCAL NO. 17	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$10,505 12.a. Nature of interest held or income received. GIFT OF SIX STEAKS - DECEMEBER 2004	
	12.b. Amount. \$80	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	